Transfer Request Form:

This form is intended to be used when a client is being referred to or housed by a housing provider and the housing provider needs to transfer such clients. Request form should be submitted to the appropriate coordinated entry lead based on program type:

Tampa/Hillsborough CoC - Taryn De Coteau- decoteaut@thhi.org

The Coordinated Entry (CE) Appeals Committee, a subcommittee of the CE Committee, will review all the transfer requests on a monthly basis (as needed) to make appropriate and fair transfer determinations for the COC. A letter from the Chair of the Committee will be sent to the agency requesting a transfer within a week of the meeting. In the event of an emergency transfer situation (that cannot wait until a monthly meeting) CE Leads will make such determinations based on criteria agreed upon within the CE Appeals Committee.

*If you have any additional documentation (that is not covered in this form) that would help the CE Referral Committee understand the situation, please feel free to attach them along with your request.

Transfer Request Form

Please do NOT use Participant Name on this form

Date:

Participant HMIS ID: _____

Program Name:_____

Program Contact/Case Manager submitting Request:_____

Phone Number of Contact submitting Request:_____

Desired Transfer Destination (if applicable):_____

Months Homeless (upon program entry):_____

Most current VI score:_____

Please CIRCLE answer that best describes participant current living situation

Homeless **Shelter** **Rapid Rehousing** **Permanent housing**

For how long has participant been in current living situation (while enrolled in your program)?

____Years ____ Months

Please briefly summarize major reasons why this participant is in need of a program transfer:

Please answer the following questions; if they do not apply, simply put N/A

1. Is the client willing to engage in the transfer process and those opportunities? ____YES ____NO

2. If the cause of this request is due to the participant causing repeated harm to themselves or others, or hands-on violence, please describe the incidences.

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3. In the event that a client is a threat to themselves or others and may be in need of hospitalization, have you contacted and advocated for the client with Crisis Services (or other emergency services such as 911) in order to push for an emergency intervention that would lead to stabilization? If so, please describe.

4. Have you contacted the participants' initial referral source e.g. shelter or outreach provider? If yes, what actions were taken?

5. Many times a participant can fail to thrive due to environmental circumstances {i.e. a particular building, area, or neighborhood, neighbors, etc.). Please describe how you have provided alternative accommodations (for scattered site projects)? If so, what has been the result?

6. Have you attempted to/referred the client to needed resources in the community (i.e. Care Coordination, Health Home services, and other behavioral health treatment)?

If yes, please describe current community based services that this participant has been referred to or is presently connected to .

7. If a client is refusing to engage in services, please explain the efforts you have made towards engagement and/or trust building.

8. Please explain how this transfer will better meet the needs of the participant.

9. How has the agency communicated with the participant about the potential transfer opportunities?

Transfer Reasoning

Reason	Definition	What it is not
Conflict and Safety Concerns Outside of VAWA	The space has become unsafe for the household that does not qualify for emergency transfer criteria under VAWA Housing Protection. As examples, conflicts in which safety concerns are equally justified under all parties involved and/or the perpetrator cannot clearly be determined.	Crime in the neighborhood that are not specifically targeting the household or building.
Reasonable Accommodations and/or Modifications	The household is unable to live in their home due to requiring accommodations that cannot be made. Examples can include requiring an elevator or larger door frame for a wheelchair in a building without these features, larger unit required due to medical equipment or needing an additional room in order to accommodate a live-in aid.	Accessibility accommodations needed that can be put into place such as grab bars or a lift.
Change in Household Composition	The family size changes so that the household requires a smaller or larger unit. This can include the unit size impacting the household retaining or obtaining custody of children or households that included children and now only include the parent/s. Alternative program is able to provide services that match the family composition's needs – such as childcare vouchers and/or family specific therapeutic services. Spouse is not approved to be added to lease during application process and move to alternative unit or program to support all household members being allowed in unit/program.	Desire for a larger unit that is not required based on family size.
Service Level	The needs of the household cannot be accommodated by the current provider and additional community supports without a transfer, and is only utilized after other interventions are attempted. This can include the need to move from a scattered site unit to a project based location or vice versa to accommodate service needs. Specialized program designs that may support specific needs may be considered as reasons for transfers such as clients who would benefit from programs that offer ACT services, Peer Support and/or medical models	Client is challenging to engage in services or has ongoing conflicts with agency staff.
Change in Circumstance Resulting in Eligibility	Housing units that limit eligibility in certain circumstances such as housing facilities that limit persons who are enrolled in higher education and/or exceed income limits or requires citizenship status.	